

Fraternal Order of Alaska State Troopers 245 W. 5th Ave, Ste 113 Anchorage, Alaska 99501 Phone (907) 279-5050 Fax (907) 279-5054 E-mail foast@gci.net

MEMO: Charity Funding Application for Youth Groups and Activities

TO: Groups applying for FOAST Funding

FROM: Laura Caperton, Executive Director

Thank you for requesting an application for funding from the Fraternal Order of Alaska State Troopers Charity Corporation. If you have questions, call the F.O.A.S.T. office at (907) 279-5050 or 800-770-5050.

Your application must be in the F.O.A.S.T. office no later than the second Tuesday of a month to be considered in that month. This is so the Donations Committee may review your application prior to the Board meeting a week later. The Donations Committee may call you if there are questions about your application, so be sure there are contact phone numbers on the application form. Applications received after the second Tuesday may be held until the following month.

Fill the form out as completely as possible and you may attach additional information. Your application will be one of several reviewed each month. Please be very specific in your answers; neatness and complete information will assist the Donation Committee in their recommendation to the Board.

The Board will want to know how the F.O.A.S.T. contribution will be acknowledged, and whether the name is used on a team uniform, banner, or in an article in a newsletter or newspaper.

Completed applications may sent:

Via mail	Via fax	Dropped off @
FOAST 245 W. 5th Ave, Ste. 113 Anchorage, AK 99501	(907) 279-5050	FOAST (Alaska Law Enforcement Museum) 245 West 5th Avenue, Suite 113 between 10:00 a.m. and 4:00 p.m., M-F between 12:00 p.m. and 4:00 p.m. Saturdays

# FRATERNAL ORDER OF ALASKA STATE TROOPERS

# CHARITY CORPORATION CONTRIBUTIONS PROGRAM DONATION POLICY

One of FOAST Charity Corporation's objectives is to assist youth groups and organizations to help meet the expenses they experience during the year.

FOAST's guiding principle is to award its funds in a manner and for such projects that will benefit the greatest number of Alaska youth over the longest period of time. This philosophy recognizes that funding is limited and that use of the contributions should represent the highest and best use of the money requested. Priority is given to those projects, which include some amount of self-help, either in cash or by in-kind contributions. The amount of grant funds typically awarded is up to \$1,000, although larger awards have been made to particularly meritorious projects. Generally, sponsorships will not exceed five consecutive years.

The Board of Directors has decided upon the following guidelines to youth-oriented organizations to assist them in requesting money for projects that are consistent with FOAST's objectives. However, the Board reserves the right to deviate from its guidelines, when it deems appropriate to do so. To insure all regions of the state receive an equitable share of available money, equal allocations will be made of the budgeted money to the following areas: Southeastern, Southcentral (excluding Anchorage), Western, Northern, Kenai Peninsula, and Anchorage.

#### **Eligible Projects and Activities - Generally:**

Sporting goods and equipment, such as uniforms, baseball gloves, hockey sticks, boats, saddles, camping gear, etc.

The cost of officials, such as referees and umpires but NOT coaches

The cost of entrance and use fees for sports activities and facilities

Camping programs and events

Awards such as trophies and plaques (FOAST requests no plaque for our organization, but we would like to have a team photo and/or thank you letter; the money would be better spent on the kids) Activities meeting the above guidelines and recommended by a State Trooper or State Fire Marshal, on active duty or retired

Activities meeting the above guidelines and involving a local State Trooper or State Fire Marshal or a family member of a State Trooper or State Fire Marshal as a participant in any capacity, i.e. player, coach, referee, etc.

#### **Ineligible Projects and Activities - Generally:**

Chaperone's costs to events

Transportation and hotel rooms

Awards to individuals

Partisan political organizations and activities

Religious or sectarian organizations (unless non-denominational use is clearly stated) Organizations whose activities and benefits are primarily for adults

The purchase of real property and major capitol items such as a building or vehicle

Activities sponsored by schools and colleges that are normally funded by those Institutions Funding in any form to a for-profit organization

General operation expenses of an organization (rent, utilities, salaries, etc.)

Funding to non-profit organizations actively involved in major annual fund-raising activities



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### APPLICATION FORM CHARITABLE CONTRIBUTIONS

DATE \_\_\_\_\_

1.

\_\_\_\_\_IRS 501(c)(3) Yes \_\_\_\_\_No \_\_\_\_

(Name of Applicant Organization)

(Full Mailing Address)

2. Contact Person:

Phone:

3. Describe the applicant organization. Include such information as when it was organized, the composition of its membership, the number of active members, the adult sponsors, including the name(s) of any State Troopers, FWP Troopers or Fire Marshals involved, activities of the organization, how it obtains its funds, and any other pertinent information. Use a separate sheet if necessary.

4. How many youth will benefit <u>directly</u> from this award and for how long?

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7.	Are there any deadlines involved for the use of the funds?			
	yes - please describe			
8.	Has the organization received funding in the past from FOAST? Yes No			
9.	If #8 is yes, has the organization submitted receipts and/or photos showing expenditures were used for the purpose originally requested? Yes No (if not- please submit with this application)			
10.	Name(s) of State Trooper or Fire Marshal who recommended FOAST to the applicant organization:			
11.	Comments: (optional)			

# PLEASE ATTACH ALL ADDITIONAL SUPPORTING DOCUMENTATION IF NECESSARY $\square$

NOTE: If the funds are awarded and the check is to be made payable to a name other than the applicant organization (#1), please indicate the correct name and address:

Signature of Organization's Authorized Rep	presentative
Printed Name of Authorized Represe	ntative
For Offical Use Only	Board Member Decisions
Date Received	
Eligible Agency	
Committee Review Recommendation	
Awarded? Yes No \$	
Check Number	
Check Date	